

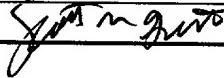
08/31/01
USPTO

09-04-01 A

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.:	CM03387J
	First Inventor:	Leizerovich et al.
	Title:	METHOD AND APPARATUS FOR OPTIMIZING SUPPLY MODULATION IN A TRANSMITTER
	Express Mail Label No.:	EL872865666US

C952 U.S. PTO
09/944569
08/31/01

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO:			
		Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages 16 (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets 3</p> <p>5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies</p>			
ACCOMPANYING APPLICATION PARTS					
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____ _____ _____</p>					
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____ Prior Appl. information: Examiner: _____ Group/Art Unit: _____					
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label Name _____ Address _____ City _____		24273	or	<input type="checkbox"/> Correspondence address below	
Country U.S.A. Telephone (954) 723-6449 State Fax (954) 723-3871 Name Scott M. Garrett Registration No. 39,988					
SIGNATURE 		Date		8/31/01	

**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

Complete if Known

Application Number			
Filing Date			
First Named Inventor	Leizerovich et al.		
Examiner Name			
Group Art Unit			
TOTAL AMOUNT OF PAYMENT	\$750.00	Attorney Docket No.	CM03387J

METHOD OF PAYMENT**FEE CALCULATION (continued)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number **50-0757**
 Deposit Account Name **Motorola, Inc.**

- Charge Any Additional Fee Required
 Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
 See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Fee Paid
101	710	201	365	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee
SUBTOTAL (1)				\$710.00

2. EXTRA CLAIM FEES

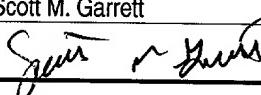
Total Claims	18	-20** =	<input type="text"/>	X	18	=	0.00	Fee Paid
Independent Claims	3	- 3** =	<input type="text"/>	X	80	=	0.00	
Multiple Dependent			<input type="text"/>	X	270	=	<input type="text"/>	

Large Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Fee Description
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9

Claims in excess of 20
 Independent claims in excess of 3
 Multiple dependent claim, if not paid
 ** Reissue independent claims Over original patent
 **Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above

SUBMITTED BY	Complete (if applicable)		
Name (Print/Type)	Scott M. Garrett	Registration No.	39,988
Signature		Telephone	954-723-6449